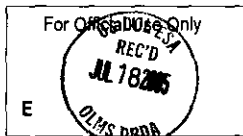


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>3395</b>	2. Fiscal Year Covered From: <b>1 / 1 / 04</b> Through: <b>12 / 31 / 04</b>
3. Name and address of person filing. Name <b>ROGER D KENT</b>  P.O. Box, Bldg., Room No., if any  Street <b>7745 SOUTH FAIRFAX ROAD</b> City <b>BLOOMINGTON</b> State <b>IN</b> ZIP Code + 4 <b>47401</b>	4. Name, file number, and address of labor organization. Name <b>LIUNA LOCAL NO. 741</b> Labor Organization File Number <b>010033</b>  P.O. Box, Building and Room Number, if any  Street <b>7745 SOUTH FAIRFAX ROAD</b> City <b>BLOOMINGTON</b> State <b>IN</b> ZIP Code + 4 <b>47401</b>
5. Position in labor organization. <b>SECRETARY - TREASURER/BUSINESS MANAGER</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. <b>SCHEDULE ATTACHED</b>  7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Roger D. Kent*

On

*7-12-05* *812-219-0410*

Date

Telephone Number

Name of Person Filing <b>ROGER D. KENT</b>	File Number U- <b>3395</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State <span style="float: right;">ZIP Code + 4</span></p>	<p>9. Business deals with:</p> <p style="text-align: center;">a. Labor Organization</p> <p style="text-align: center;">b. Trust</p> <p style="text-align: center;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State <span style="float: right;">ZIP Code + 4</span></p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">NONE</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State <span style="float: right;">ZIP Code + 4</span></p>	<p>14.a. Nature of payment.</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">SCHEDULES ATTACHED</p>
<p>13.b. Is the Business an Employer <span style="margin-left: 100px;">or Consultant</span> <span style="float: right;">?</span></p>	<p>14.b. Amount of payment.</p>

Part A: Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

		<u>Date</u>
6.	Name of Employer Trade Name, if any P. O. Box, Bldg. Room No. Street City State Zip Code	<b>Indiana Laborers Training Trust Fund</b>  <b>P. O. Box 758</b>  <b>Bedford</b> <b>IN</b> <b>47421</b>
7. a.	Nature of interest, transaction or income	<b>Reimbursed expenses</b>
7. b.	Amount	<b>\$2,077</b>
6.	Name of Employer Trade Name, if any P. O. Box, Bldg. Room No. Street City State Zip Code	<b>Indiana Laborers Pension Fund</b>  <b>P. O. Box 1587</b>  <b>Terre Haute</b> <b>IN</b> <b>47808</b>
7. a.	Nature of interest, transaction or income	<b>Reimbursed expenses</b>
7. b.	Amount	<b>\$1,493</b>

Part C: Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value.

Date

13. a.	Name of Employer or Consultant	<b>Raymond James</b>	05/30/2004
	Trade Name, if any		
	P. O. Box, Bldg., Room No., if any		
	Street	<b>10 W. Market St., Suite 3050</b>	
	City	<b>Indianapolis</b>	
	State	<b>IN</b>	
	Zip Code	<b>46204</b>	
13. b.	Is the Business an Employer or Consultant?	<b>Consultant</b>	
14. a.	Nature of payment	<b>Pacers Playoff Game #5 ticket</b>	
14. b.	Amount of payment	<b>\$58</b>	
13. a.	Name of Employer or Consultant	<b>Raymond James</b>	10/10/2004
	Trade Name, if any		
	P. O. Box, Bldg., Room No., if any		
	Street	<b>10 W. Market St., Suite 3050</b>	
	City	<b>Indianapolis</b>	
	State	<b>IN</b>	
	Zip Code	<b>46204</b>	
13. b.	Is the Business an Employer or Consultant?	<b>Consultant</b>	
14. a.	Nature of payment	<b>Oakland v. Colts ticket</b>	
14. b.	Amount of payment	<b>\$50</b>	
13. a.	Name of Employer or Consultant	<b>Raymond James</b>	11/08/2004
	Trade Name, if any		
	P. O. Box, Bldg., Room No., if any		
	Street	<b>10 W. Market St., Suite 3050</b>	
	City	<b>Indianapolis</b>	
	State	<b>IN</b>	
	Zip Code	<b>46204</b>	
13. b.	Is the Business an Employer or Consultant?	<b>Consultant</b>	
14. a.	Nature of payment	<b>Minnesota v. Colts ticket</b>	
14. b.	Amount of payment	<b>\$50</b>	
13. a.	Name of Employer or Consultant	<b>Raymond James</b>	11/20/2004
	Trade Name, if any		
	P. O. Box, Bldg., Room No., if any		
	Street	<b>10 W. Market St., Suite 3050</b>	
	City	<b>Indianapolis</b>	
	State	<b>IN</b>	
	Zip Code	<b>46204</b>	
13. b.	Is the Business an Employer or Consultant?	<b>Consultant</b>	
14. a.	Nature of payment	<b>IU @ Purdue Football ticket</b>	
14. b.	Amount of payment	<b>\$42</b>	

Part C: Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value.

		<u>Date</u>	
13. a.	Name of Employer or Consultant Trade Name, if any P. O. Box, Bldg., Room No., if any Street City State Zip Code	<b>Raymond James</b>  <b>10 W. Market St., Suite 3050</b> <b>Indianapolis</b> <b>IN</b> <b>46204</b>	11/21/2004
13. b.	Is the Business an Employer or Consultant?	<b>Consultant</b>	
14. a.	Nature of payment	<b>Colts @ Bears ticket</b>	
14. b.	Amount of payment	<b>\$265</b>	
13. a.	Name of Employer or Consultant Trade Name, if any P. O. Box, Bldg., Room No., if any Street City State Zip Code	<b>Weiss Peck &amp; Greer</b>  <b>1335 Hampton Course</b> <b>St. Charles</b> <b>IL</b> <b>60174</b>	12/01/2004
13. b.	Is the Business an Employer or Consultant?	<b>Consultant</b>	
14. a.	Nature of payment	<b>Reception</b>	
14. b.	Amount of payment	<b>\$50</b>	
13. a.	Name of Employer or Consultant Trade Name, if any P. O. Box, Bldg., Room No., if any Street City State Zip Code	<b>Ark Asset Management</b>  <b>125 Broad Street</b> <b>New York</b> <b>NY</b> <b>10004</b>	12/01/2004
13. b.	Is the Business an Employer or Consultant?	<b>Consultant</b>	
14. a.	Nature of payment	<b>Dinner</b>	
14. b.	Amount of payment	<b>\$125</b>	
13. a.	Name of Employer or Consultant Trade Name, if any P. O. Box, Bldg., Room No., if any Street City State Zip Code	<b>Columbia Management</b>  <b>1300 SW Sixth Avenue</b> <b>Portland</b> <b>Oregon</b> <b>87201</b>	12/02/2004
13. b.	Is the Business an Employer or Consultant?	<b>Consultant</b>	
14. a.	Nature of payment	<b>Dinner</b>	
14. b.	Amount of payment	<b>\$125</b>	

Labor organization officer: Roger D. Kent

File number: N/A

Ending date: 12/31/04

Part C: Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value.

Date

13. a.	Name of Employer or Consultant	<b>Raymond James</b>	12/05/2004
	Trade Name, if any		
	P. O. Box, Bldg., Room No., if any		
	Street	<b>10 W. Market St., Suite 3050</b>	
	City	<b>Indianapolis</b>	
	State	<b>IN</b>	
	Zip Code	<b>46204</b>	
13. b.	Is the Business an Employer or Consultant?	<b>Consultant</b>	
14. a.	Nature of payment	<b>Tennessee v. Colts ticket</b>	
14. b.	Amount of payment	<b>\$50</b>	